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**Return of Private Foundation  
or Section 4947(a)(1) Nonexempt Charitable Trust  
Treated as a Private Foundation**

**2009**

Department of the Treasury  
Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

**For calendar year 2009, or tax year beginning , 2009, and ending ,**

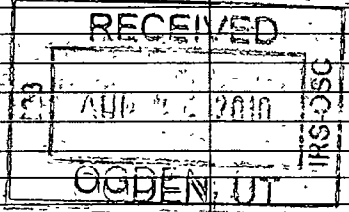
**G** Check all that apply:  Initial return  Initial Return of a former public charity  Final return  
 Amended return  Address change  Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	MADDEN-MALLORY FOUNDATION PO BOX 99 LIVERNE, IA 50560	<b>A</b> Employer identification number 42-1176039
		<b>B</b> Telephone number (see the instructions) (515) 882-3583
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, column (c), line 16) \$ 1,196,032.		<b>D 1</b> Foreign organizations, check here <input type="checkbox"/>
<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		<b>2</b> Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see the instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>1</b>	Contributions, gifts, grants, etc. received (att sch)				
<b>2</b>	Ck <input checked="" type="checkbox"/> if the found is not req to att Sch B				
<b>3</b>	Interest on savings and temporary cash investments	14,549.	14,549.		
<b>4</b>	Dividends and interest from securities	9,570.	9,570.		
<b>5a</b>	Gross rents	18,352.	18,622.		
	b Net rental income or (loss) 14,944.				
<b>6a</b>	Net gain/(loss) from sale of assets not on line 10	272,132.			
	b Gross sales price for all assets on line 6a 292,641.				
<b>7</b>	Capital gain net income (from Part IV, line 2)		272,132.		
<b>8</b>	Net short-term capital gain				
<b>9</b>	Income modifications				
	10a Gross sales less returns and allowances				
	b Less Cost of goods sold				
	c Gross profit/(loss) (att sch)				
<b>11</b>	Other income (attach schedule) SEE STATEMENT 1	-2,184.	-2,184.		
<b>12</b>	<b>Total.</b> Add lines 1 through 11	312,419.	312,689.	0.	
<b>13</b>	Compensation of officers, directors, trustees, etc	3,409.	350.		3,059.
<b>14</b>	Other employee salaries and wages				
<b>15</b>	Pension plans, employee benefits				
<b>16a</b>	Legal fees (attach schedule) SEE ST 2	665.	250.		415.
	b Accounting fees (attach sch)				
	c Other prof fees (attach sch)				
<b>17</b>	Interest				
<b>18</b>	Taxes (attach schedule) (see instr) SEE STM 3	685.			
<b>19</b>	Depreciation (attach sch) and depletion				
<b>20</b>	Occupancy				
<b>21</b>	Travel, conferences, and meetings	221.	110.		111.
<b>22</b>	Printing and publications	23.	12.		11.
<b>23</b>	Other expenses (attach schedule) SEE STATEMENT 4	4,057.	3,682.		375.
<b>24</b>	<b>Total operating and administrative expenses.</b> Add lines 13 through 23	9,060.	4,404.		3,971.
<b>25</b>	Contributions, gifts, grants paid PART XV	64,761.			64,761.
<b>26</b>	<b>Total expenses and disbursements.</b> Add lines 24 and 25	73,821.	4,404.	0.	68,732.
<b>27</b>	Subtract line 26 from line 12:				
	a <b>Excess of revenue over expenses and disbursements</b>	238,598.			
	b <b>Net investment income</b> (if negative, enter -0-)		303,285.		
	c <b>Adjusted net income</b> (if negative, enter -0-)			0.	

SCANNED AUG 25 2010

ADMINISTRATIVE AND OPERATING EXPENSES



914-15 24

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>A S S E T S</b>	1 Cash – non-interest-bearing	9,986.	2,263.	2,263.
	2 Savings and temporary cash investments	439,130.	428,345.	428,345.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7 Other notes and loans receivable (attach sch) ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments – U S and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule)	144,666.	413,664.	494,924.
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment: basis ▶	185,717.		
Less: accumulated depreciation (attach schedule) SEE STMT 5 ▶	59,717.	145,153.	126,000.	
12 Investments – mortgage loans				
13 Investments – other (attach schedule)				
14 Land, buildings, and equipment basis ▶				
Less: accumulated depreciation (attach schedule) ▶				
15 Other assets (describe ▶)				
16 <b>Total assets</b> (to be completed by all filers – see instructions Also, see page 1, item I)	738,935.	970,272.	1,196,032.	
<b>L I A B I L I T I E S</b>	17 Accounts payable and accrued expenses	141.		
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, & other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 <b>Total liabilities</b> (add lines 17 through 22)	141.	0.	
<b>N E T F U N D A S S E T B A L A N C E S</b>	<b>Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.</b> <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	<b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.</b> <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds	738,794.	970,272.	
	28 Paid-in or capital surplus, or land, building, and equipment fund			
29 Retained earnings, accumulated income, endowment, or other funds				
30 <b>Total net assets or fund balances</b> (see the instructions)	738,794.	970,272.		
31 <b>Total liabilities and net assets/fund balances</b> (see the instructions)	738,935.	970,272.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	738,794.
2 Enter amount from Part I, line 27a	2	238,598.
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	977,392.
5 Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 6	5	7,120.
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	970,272.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 a GENL GRWTH PROP (CG DISTR)	P	11/10/95	VARIOUS
b ONEOK PTRS, LP (SCH K-1)	P	8/27/01	VARIOUS
c LAND (58.41A - HUMBOLDT CO)	P	3/01/70	1/09/09
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 105.			105.
b 26.			26.
c 292,510.		20,509.	272,001.
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Column (h) gain minus column (k), but not less than -0-) or Losses (from column (h))
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	
a			105.
b			26.
c			272,001.
d			
e			

2 Capital gain net income or (net capital loss). <span style="float:right">[ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ]</span>	2	272,132.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)  If gain, also enter in Part I, line 8, column (c) (see the instructions) If (loss), enter -0- in Part I, line 8 <span style="float:right">]</span>	3	0.

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No

If 'Yes,' the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries			
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2008	51,686.	1,041,597.	0.049622
2007	53,226.	1,123,654.	0.047369
2006	57,280.	1,075,384.	0.053265
2005	47,442.	1,028,341.	0.046135
2004	36,888.	1,024,974.	0.035989

2 Total of line 1, column (d)	2	0.232380
3 Average distribution ratio for the 5-year base period — divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.046476
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	1,105,799.
5 Multiply line 4 by line 3	5	51,393.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	3,083.
7 Add lines 5 and 6	7	54,476.
8 Enter qualifying distributions from Part XII, line 4	8	68,732.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see the instructions)**

1 a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter 'N/A' on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary - see instr.)		1	3,083.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b.			
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	3,083.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0.
5 <b>Tax based on investment income.</b> Subtract line 4 from line 3 If zero or less, enter -0-		5	3,083.
6 Credits/Payments			
a 2009 estimated tax prmts and 2008 overpayment credited to 2009	6a	700.	
b Exempt foreign organizations – tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d		7	700.
8 Enter any <b>penalty</b> for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	2,383.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>		11	

**Part VII-A Statements Regarding Activities**

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)? <i>If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
c Did the foundation file <b>Form 1120-POL</b> for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ 0. (2) On foundation managers ▶ \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If 'Yes,' attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If 'Yes,' attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If 'Yes,' attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If 'Yes,' complete Part II, column (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see the instructions) ▶ IA		
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? <i>If 'Yes,' complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If 'Yes,' attach a schedule listing their names and addresses</i>		X

**Part VII-A: Statements Regarding Activities Continued**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <u>N/A</u>	13	X	
14	The books are in care of <u>KAY HEFTY</u> Telephone no. <u>(515) 882-3583</u> Located at <u>1801 - 110TH ST LUVERNE IA</u> ZIP + 4 <u>50560</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year <u>15</u>		N/A	N/A

**Part VII-B: Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.

	Yes	No
<b>1 a</b> During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see the instructions)? Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>	1b	N/A
<b>c</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c	X
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' list the years <u>20__ , 20__ , 20__ , 20__</u>		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement - see the instructions)	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here <u>20__ , 20__ , 20__ , 20__</u>		
<b>3 a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009)	3b	N/A
<b>4 a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b	X

BAA

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  Yes  No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?  Yes  No
- (3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No
- (4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)  Yes  No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes  No

b If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A  Yes  No

If 'Yes,' attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes  No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If 'Yes' to 6b, file Form 8870

Yes  No

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

Yes  No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

5b	N/A	
6b		X
7b	N/A	

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 7		3,409.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1— see instructions). If none, enter 'NONE.'

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

**Part VIII. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services – (see instructions). If none, enter 'NONE.'**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
-----		
-----		
-----		
-----		
-----		
<b>Total</b> number of others receiving over \$50,000 for professional services		<b>0</b>

**Part IX-A. Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 SCHOLARSHIP (SEE ATTACHED SCHEDULE FOR PART XV - LINE 3(A))	
-----	
2 COMMUNITY BETTERMENT (SEE ATTACHED SCHEDULE FOR PART XV - LINE 3(A))	
-----	
3 HANDICAP ASSISTANCE (SEE ATTACHED SCHEDULE FOR PART XV - LINE 3(A))	
-----	
4	
-----	

**Part IX-B. Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount	
1 N/A		
-----		
2		
-----		
All other program-related investments See instructions		
3		
-----		
<b>Total.</b> Add lines 1 through 3		<b>0.</b>

**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes.		
a	Average monthly fair market value of securities	1a	320,911.
b	Average of monthly cash balances	1b	531,228.
c	Fair market value of all other assets (see instructions)	1c	270,500.
d	<b>Total</b> (add lines 1a, b, and c)	1d	1,122,639.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,122,639.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	16,840.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,105,799.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	55,290.

**Part XI** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	55,290.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	3,083.
b	Income tax for 2009 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	3,083.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	52,207.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	52,207.
6	Deduction from distributable amount (see instructions).	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	52,207.

**Part XII** Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes		
a	Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	68,732.
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	68,732.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	3,083.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	65,649.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				52,207.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			16,847.	
b Total for prior years 20 __, 20 __, 20 __		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 68,732.				
a Applied to 2008, but not more than line 2a			16,847.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2009 distributable amount				51,885.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable amount – see instructions		0.		
e Undistributed income for 2008 Subtract line 4a from line 2a. Taxable amount – see instructions			0.	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				322.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

**2 a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> 'Assets' alternative test – enter					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> 'Endowment' alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> 'Support' alternative test – enter.					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year – see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)  
NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest  
NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc, Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc, (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

**a** The name, address, and telephone number of the person to whom applications should be addressed  
  
SEE STATEMENT 8

**b** The form in which applications should be submitted and information and materials they should include  
  
SEE STATEMENT FOR LINE 2A

**c** Any submission deadlines  
  
SEE STATEMENT FOR LINE 2A

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors  
  
SEE STATEMENT FOR LINE 2A

**Part XV** Supplementary Information (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year SEE STATEMENT 9				
<b>Total</b>			▶ 3a	64,761.
b Approved for future payment				
<b>Total</b>			▶ 3b	





Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization  
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2009**

Attachment  
Sequence No **67**

Name(s) shown on return

**MADDEN - MALLORY FOUNDATION**

Identifying number

**421-17-6039**

Business or activity to which this form relates

**SCHEDULE E (RENTAL) - FARM**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions).	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	26.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	26.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

MADDEN - MALLORY FOUNDATION

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	PCT. BUS.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
SCHEDULE E - FARM																
1	LAND - 40A	10/21/88		42,000							42,000					0
2	TILE - 40A	10/21/88		18,000							18,000	18,000	S/L	HY	15	0
	TOTAL			60,000		0	0	0	0	0	60,000	18,000				0
	TOTAL DEPRECIATION			60,000		0	0	0	0	0	60,000	18,000				0
SCHEDULE E - FARM																
3	58.41 ACRES - LAND	3/01/70	1/09/09	19,127							19,127					0
4	TILE - FARM #3	9/01/75	1/09/09	949							949	923	S/L	333		26
	TOTAL			20,076		0	0	0	0	0	20,076	923				26
	TOTAL DEPRECIATION			20,076		0	0	0	0	0	20,076	923				26
SCHEDULE E - FARM																
5	40 ACRES - LAND	10/21/88		42,000							42,000					0
6	40 ACRES - LAND	10/21/88		42,000							42,000					0
7	40 ACRES - TILE	10/21/88		18,000							18,000	18,000	S/L	HY	15	0
8	40 ACRES - TILE	10/21/88		18,000							18,000	18,000	S/L	HY	15	0
	TOTAL			120,000		0	0	0	0	0	120,000	36,000				0
	TOTAL DEPRECIATION			120,000		0	0	0	0	0	120,000	36,000				0

MADDEN - MALLORY FOUNDATION

421-17-6039

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT.	CUR 179 BONUS	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAGE /BASIS REDUCT.	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
SCHEDULE E - EQUIPMENT																
9	OFFICE EQUIP (VAR)	1/01/94		3,096							3,096	3,096	S/L	HY	10	0
10	COPIER	1/10/94		2,621							2,621	2,621	S/L	HY	10	0
	TOTAL			5,717		0	0	0	0	0	5,717	5,717				0
	TOTAL DEPRECIATION			5,717		0	0	0	0	0	5,717	5,717				0
	GRAND TOTAL DEPRECIATION			205,793		0	0	0	0	0	205,793	60,640				26
	DEPRECIATION ASSETS SOLD			20,076		0	0	0	0	0	20,076	923				26
	DEPR REMAINING ASSETS			185,717		0	0	0	0	0	185,717	59,717				0

Madden-Mallory Foundation  
TIN: 42-1176039

Attachment to  
Form 990-PF

**Part I -- Analysis of Revenue and Expenses:**

**Line 3 - Interest income.**

Northwest Savings Bank	\$ 2,379.80
Oneok Partners, L.P.	106.00
Iowa State Bank (Algona)	2,744.44
Security State Bank (LuVerne)	3,842.18
State Farm Bank	1,349.39
West Iowa Bank (West Bend)	4,030.96
BDF - Bank deposit sweep (FD)	.61
BDF - Federated Muni Cash (FD)	70.87
BDF - Bank deposit sweep (ALG)	.28
Bank of America (escrow - real estate sale)	24.71
TOTAL	<u>\$14,549.24</u>

**Line 4 - Dividends from securities.**

BDF Investments (ALG):		
Alliant Energy Corp.	\$1,200.00	
AT&T, Inc.	820.00	
Bristol Myers Squibb	496.00	
Chevron Texaco Corp.	819.28	
Ford Motor Co.	0.00	
General Growth Properties, Inc.	123.01	
Hawaiian Electric Inds., Inc.	1,488.00	
Oneok Partners, L.P.	0.00	
Eaton Vance (Prime Rate Fd.)	1,246.12	
Van Kampen Merritt (Prime rate FD)	<u>1,203.59</u>	\$ 7,396.00
BDF Investments (FD):		
Caterpillar, Inc.	\$ 462.00	
CVS Caremark Corp.	114.38	
Hewlett-Packard Co.	96.00	
Johnson & Johnson	980.00	
Kraft Foods, Inc.	<u>522.00</u>	2,174.38
TOTAL		\$ <u>9,570.38</u>

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STATEMENT 1  
FORM 990-PF, PART I, LINE 11  
OTHER INCOME

	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
ONEOK PTRS, LP (SCH K-1)	\$ -2,184.		
TOTAL	\$ -2,184.	\$ 0.	\$ 0.

STATEMENT 2  
FORM 990-PF, PART I, LINE 16A  
LEGAL FEES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL/PROF	\$ 665.	\$ 250.		\$ 415.
TOTAL	\$ 665.	\$ 250.	\$ 0.	\$ 415.

STATEMENT 3  
FORM 990-PF, PART I, LINE 18  
TAXES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX (FORM 990 PF)	\$ 685.			
TOTAL	\$ 685.	\$ 0.	\$ 0.	\$ 0.

STATEMENT 4  
FORM 990-PF, PART I, LINE 23  
OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OFFICE EXP	\$ 675.	\$ 300.		\$ 375.
RENTAL EXPENSES	3,382.	3,382.		
TOTAL	\$ 4,057.	\$ 3,682.	\$ 0.	\$ 375.



Madden-Mallory Foundation  
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Eaton Vance (Adv Sr Fltng Rt Advantage Fd - Class A)  
- 2,768.516 shs. (FMV @ 10.07)  
(acq'd -- 4-15-99/VAR) 32,359.02 27,878.95

Van Kampen  
(Senior Loan Fd) - 3,606.268 shs. (FMV @ 6.17) 22,250.67  
(502.008 shs. acq'd 7-25-97) 5,005.75  
(723.275 shs. acq'd 8-1-97) 7,209.57  
(1274.717 shs. acq'd 9-10-98) 12,676.44  
(67.650 shs. acq'd -- 2004) 608.46  
(112.979 shs acq'd -- 2005) 1,054.75  
(187.675 shs acq'd -- 2006) 1,726.63  
(232.562 shs acq'd -- 2007) 2,024.86  
(267.728 shs acq'd -- 2008) 1,745.27  
(237.674 shs acq'd -- 2009) 1,203.59

SUBTOTAL \$142,418.09 \$204,835.83

BDF Investments (FD):

Federated Municipal Cash \$ 3,938.44 \$ 3,938.44

Caterpillar, Inc. - 1,100 shs (FMV @ 56.99)  
(Purchased 8-14-09) 50,810.90 62,689.00

CVS Caremark Corp. - 1,500 shs (FMV @ 32.21)  
(Purchased 8-14-09) 52,226.45 48,315.00

Hewlett-Packard Co. - 1,200 shs (FMV @ 51.51)  
(Purchased 8-17-09) 52,823.75 61,812.00

Johnson & Johnson - 1,000 shs (FMV @ 64.41)  
(Purchased 8-13-09) 60,938.25 64,410.00

Kraft Foods, Inc. - 1,800 shs (FMV @ 27.18)  
(Purchased 8-13-09) 51,508.07 48,924.00

SUBTOTAL \$271,245.86 \$290,088.44

TOTAL \$413,663.95 \$494,924.27

Madden-Mallory Foundation  
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Attachment to  
Form 990-PF

Line 11 -- Investments (Farmland 120 acres/Equipment):

40 acres - FMV (by appraisal 9-19-06) (NE $\frac{1}{4}$ NW $\frac{1}{4}$ ) (16-99-29), Kossuth County, Iowa.	42,000.00	89,000.00
40 acres - FMV (by appraisal 9-19-06) (NW $\frac{1}{4}$ NW $\frac{1}{4}$ ) (16-99-29), Kossuth County, Iowa.	42,000.00	89,000.00
40 acres - FMV (by appraisal 9-19-06) (NE $\frac{1}{4}$ NE $\frac{1}{4}$ ) (18-99-29), Kossuth County, Iowa.	<u>42,000.00</u>	<u>92,000.00</u>
SUBTOTAL	<u>\$126,000.00</u>	<u>\$270,000.00</u>
Office equipment (copier, file cabinets, etc.)	<u>0.00</u>	<u>500.00</u>
TOTAL	<u>\$126,000.00</u>	<u>\$270,500.00</u>

CLIENT 21176039

MADDEN-MALLORY FOUNDATION

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STATEMENT 5  
 FORM 990-PF, PART II, LINE 11  
 INVESTMENTS - LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE	FAIR MARKET VALUE
MACHINERY AND EQUIPMENT	\$ 5,717.	\$ 5,717.	\$ 0.	\$ 500.
IMPROVEMENTS	54,000.	54,000.	0.	0.
LAND	126,000.		126,000.	270,000.
TOTAL	<u>\$ 185,717.</u>	<u>\$ 59,717.</u>	<u>\$ 126,000.</u>	<u>\$ 270,500.</u>

2009

FEDERAL STATEMENTS

PAGE 2

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MADDEN-MALLORY FOUNDATION

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STATEMENT 6  
FORM 990-PF, PART III, LINE 5  
OTHER DECREASES

ACCT ADJ (VAR)  
ONEOK PTRS (NON DED EXP)

	\$	7,113.
		7.
TOTAL	\$	<u>7,120.</u>

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MADDEN-MALLORY FOUNDATION

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STATEMENT 7  
 FORM 990-PF, PART VIII, LINE 1  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
A DAVID BIBLER 111 N DODGE ST ALGONA, IA 50511	DIRECTOR 1.00	\$ 150.	\$ 0.	\$ 0.
MICHAEL E STEIL 607 - 2ND AVE SW WEST BEND, IA 50597	DIRECTOR 1.00	150.	0.	0.
DAVID A HANSELMAN 1075 UTAH AVE LUVERNE, IA 50560	DIRECTOR 1.00	0.	0.	0.
AUDREY H WEBER 1602 - 130TH ST LUVERNE, IA 50560	DIRECTOR 1.00	150.	0.	0.
DALE RICHARDSON 2209 PORT ST NW WINTER HAVEN, FL 33881	DIRECTOR 1.00	100.	0.	0.
KAY HEFTY 1801 - 110TH ST LUVERNE, IA 50560	FOUNDATION MANA 10.00	2,709.	0.	0.
SHERYL CARROLL 308 HANNA AVE LUVERNE, IA 50560	DIRECTOR 1.00	150.	0.	0.
TOTAL		\$ 3,409.	\$ 0.	\$ 0.

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MADDEN-MALLORY FOUNDATION

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**STATEMENT 9  
FORM 990-PF, PART XV, LINE 3A  
RECIPIENT PAID DURING THE YEAR**

<u>NAME AND ADDRESS</u>	<u>DONEE RELATIONSHIP</u>	<u>FOUND- ATION STATUS</u>	<u>PURPOSE OF GRANT</u>	<u>AMOUNT</u>
NATHAN LEGLER (ISU) AMES, IA	N/A	N/A	SCHOLARSHIP	\$ 1,000.
LACY KRAMER (UNI) CEDAR FALLS, IA	N/A	N/A	SCHOLARSHIP	2,000.
DANI SONIUS (UNI) CEDAR FALLS, IA	N/A	N/A	SCHOLARSHIP	2,000.
MEGHAN PEDERSEN (WARTBURG) WAVERLY, IA	N/A	N/A	SCHOLARSHIP	2,000.
ALGONA COMMUNITY SCHOOL (SPECIAL OLYMPICS PROGRAM) ALGONA, IA 50511	N/A	N/A	GENERAL SUPPORT	650.
CITY OF ARMSTRONG HISTORICAL CHAPEL ARMSTRONG, IA 50514	N/A	N/A	GENERAL SUPPORT	4,286.
EXCEPTIONAL OPPORTUNITIES BURT, IA 50522	N/A	N/A	GENERAL SUPPORT	500.
FAMILY CRISIS CENTER OF NORTH IOWA ALGONA, IA 50511	N/A	N/A	GENERAL SUPPORT	500.
CARE TEAM ALGONA, IA	N/A	N/A	GENERAL SUPPORT	500.
LUTHERAN FAMILY SERVICE OF IOWA FORT DODGE, IA 50501	N/A	N/A	GENERAL SUPPORT	500.
WEST BEND COMMUNITY GROTTTO (ICE SKATING PROGRAM) WEST BEND, IA 50597	N/A	N/A	GENERAL SUPPORT	500.
HUMBOLDT COUNTY HOSPICE HUMBOLDT, IA 50548	N/A	N/A	GENERAL SUPPORT	1,000.
KOSSUTH COUNTY HOSPICE OF THE HEARTLAND ALGONA, IA 50511	N/A	N/A	GENERAL SUPPORT	1,000.
ST PAUL'S THEOLOGICAL SEMINARY KANSAS CITY, MO	N/A	N/A	GENERAL SUPPORT	2,000.

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MADDEN-MALLORY FOUNDATION

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**STATEMENT 9 (CONTINUED)  
FORM 990-PF, PART XV, LINE 3A  
RECIPIENT PAID DURING THE YEAR**

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
LUVERNE COMMUNITY CHEST (FIRE/AMBUL/LITTLE LEAGUE/PLYGR) LUVERNE, IA 50560	N/A	N/A	GENERAL SUPPORT	\$ 3,450.
LUVERNE BETTERMENT COMMITTEE (COMMUNITY CENTER) LUVERNE, IA 50560	N/A	N/A	GENERAL SUPPORT	2,000.
LUVERNE LIBRARY LUVERNE, IA 50560	N/A	N/A	GENERAL SUPPORT	4,000.
UNITED METHODIST CHURCH LUVERNE, IA 50560	N/A	N/A	GENERAL SUPPORT	5,000.
CWL AFTER-PROM CORWITH, IA 50430	N/A	N/A	GENERAL SUPPORT	100.
CAMP CAYOKA (CAMPSHIP) MANSON, IA 50563	N/A	N/A	GENERAL SUPPORT	500.
YMCA (CARE PACK PROGRAM) ALGONA, IA 50511	N/A	N/A	GENERAL SUPPORT	300.
BRITTANY WISEMAN (KAPLAN UNIV) MASON CITY, IA	N/A	N/A	SCHOLARSHIP	1,000.
JESSE HANSELMAN (BUENA VISTA) STORM LAKE, IA	N/A	N/A	SCHOLARSHIP	2,000.
HUMBOLDT COUNTY HISTORICAL SOCIETY HUMBOLDT, IA 50548	N/A	N/A	GENERAL SUPPORT	225.
DANIELLE HOLMES (ISU) AMES, IA	N/A	N/A	SCHOLARSHIP	2,000.
MICHAEL HEFTY (SDSU) BROOKINGS, SD	N/A	N/A	SCHOLARSHIP	2,000.
HUMBOLDT MINISTERIAL ASSN HUMBOLDT, IA 50548	N/A	N/A	GENERAL SUPPORT	500.
HUMBOLDT CO HUMANE SOCIETY HUMBOLDT, IA 50548	N/A	N/A	GENERAL SUPPORT	300.
KOSSUTH FRIENDS (4-H) FOR YOUTH ALGONA, IA 50511	N/A	N/A	GENERAL SUPPORT	500.

CLIENT 21176039

MADDEN-MALLORY FOUNDATION

42-1176039

8/17/10

10:09PM

**STATEMENT 9 (CONTINUED)**  
**FORM 990-PF, PART XV, LINE 3A**  
**RECIPIENT PAID DURING THE YEAR**

<u>NAME AND ADDRESS</u>	<u>DONEE RELATIONSHIP</u>	<u>FOUND- ATION STATUS</u>	<u>PURPOSE OF GRANT</u>	<u>AMOUNT</u>
CWL BOOSTER CLUB CORWITH, IA 50560	N/A	N/A	GENERAL SUPPORT	\$ 450.
POW CAMP OF ALGONA ALGONA, IA 50511				500.
CODY HOLMES (ISU) AMES, IA	N/A	N/A	SCHOLARSHIP	2,000.
ZION LUTHERAN CHURCH LUVERNE, IA 50560				500.
ELIZABETH PEDERSEN (UNI) CEDAR FALLS, IA	N/A	N/A	SCHOLARSHIP	2,000.
GERALD CURRY (IOWA LAKES COMM ) ESTHERVILLE, IA	N/A	N/A	SCHOLARSHIP	2,000.
BRITTANY FETT (UNI) CEDAR FALLS, IA	N/A	N/A	SCHOLARSHIP	3,000.
TYLER FISHER (NIAAC) MASON CITY, IA	N/A	N/A	SCHOLARSHIP	2,000.
CALVIN HEFTY (IOWA LAKES COMM) ESTHERVILLE, IA	N/A	N/A	SCHOLARSHIP	3,000.
KATELYN HEFTY (ISU) AMES, IA	N/A	N/A	SCHOLARSHIP	2,000.
JOE STUDER (ISU) AMES, IA	N/A	N/A	SCHOLARSHIP	3,000.
KALEB WOLF (IOWA LAKES COMM) ESTHERVILLE, IA	N/A	N/A	SCHOLARSHIP	2,000.
TOTAL \$				<u>64,761.</u>

CLIENT 21176039

MADDEN-MALLORY FOUNDATION

42-1176039

8/17/10

09 47PM

**STATEMENT 8  
FORM 990-PF, PART XV, LINE 2A-D  
APPLICATION SUBMISSION INFORMATION**

NAME OF GRANT PROGRAM: MADDEN - MALLORY SCHOLARSHIP PROGRAM  
NAME: CORWITH - WESLEY COMM SCHOOL  
CARE OF: SUPERINTENDENT  
STREET ADDRESS: 408 SE ELM ST  
CITY, STATE, ZIP CODE: CORWITH, IA 50430  
TELEPHONE: (515) 583 -2304  
FORM AND CONTENT: FORMS AVAILABLE FROM SCHOOL  
SUBMISSION DEADLINES: N/A  
RESTRICTIONS ON AWARDS: WITHIN STATE OF IOWA

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I: Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions</small>	Name of Exempt Organization <b>MADDEN-MALLORY FOUNDATION</b>	Employer identification number <b>42-1176039</b>
	Number, street, and room or suite number. If a P O box, see instructions <b>PO BOX 99</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>LUVERNE, IA 50560</b>	

**Check type of return to be filed** (file a separate application for each return)

- |   |  |                                    |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ            | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

• The books are in the care of ► KAY HEFTY

Telephone No. ► (515) 882-3583 FAX No ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2009 or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$ 700.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$ 700.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>MADDEN-MALLORY FOUNDATION</b>	[REDACTED]	Employer identification number <b>42-1176039</b>
	Number, street, and room or suite number If a P O box, see instructions <b>BUCHANAN LAW OFFICES 111 NORTH DODGE ST</b>		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>ALGONA, IA 50511</b>		

Check type of return to be filed (File a separate application for each return):

- |                                      |  |                                      |                                    |
|--------------------------------------|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-PF                      | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in care of  **KAY HEFTY**

Telephone No  **(515) 882-3583** FAX No

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15, 2010.

5 For calendar year 2009, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension TAXPAYER REQUIRES ADDITIONAL TIME TO GATHER ALL INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$	700.
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	700.
8c <b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs	8c \$	0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  A. David Bell Title  DIRECTOR Date  8-14-10